

Record of Employee Interview

U.S. Department of Housing and Urban Development Office of Labor Relations

OMB Approval No. 2501-0009
(exp. 04/30/2005)

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

The information collected in recording interviews with construction laborers and mechanics is to assist in achieving compliance with the prevailing wage requirements of the Davis-Bacon and related Acts.

Sensitive Information. The information collected on this form is considered sensitive and is protected by the Privacy Act. The Privacy Act requires that these records be maintained with appropriate administrative, technical, and physical safeguards to ensure their security and confidentiality. In addition, these records should be protected against any anticipated threats or hazards to their security or integrity which could result in substantial harm, embarrassment, inconvenience, or unfairness to any individual on whom the information is maintained.

Project Number	Contractor or Subcontractor (Employer)
Project Name	

1. Name of Employee	2. Home Address and Zip Code
---------------------	------------------------------

3a. Last date you worked on project before today	3b. Number of hours worked on project on that date	4. Your hourly pay rate \$
--------------------------------------------------	----------------------------------------------------	-------------------------------

5. Your job classification(s) (list all) (continue any answers on a separate sheet if necessary)	Apprentice?	Yes	No

6. Your duties
7. Tools or equipment used

8. Paid at least time and one-half for all hours worked in excess of 40 in a week? (If overtime premium pay is not required, enter "inapplicable")	Yes	No	
9. Ever threatened, intimidated, or coerced into giving up any part of pay?	Yes	No	
10. Duties observed by interviewer	Conform to Classification?	Yes	No

11. Remarks (Continue on a separate sheet if needed)

12. Signature of Interviewer	Date of interview
------------------------------	-------------------

Payroll Examination

13. Remarks (Continue on a separate sheet if needed)

14. Signature of Payroll Examiner	Date
-----------------------------------	------